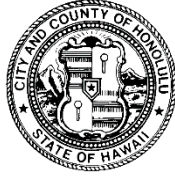


DEPARTMENT OF CUSTOMER SERVICES
CITY AND COUNTY OF HONOLULU
DIVISION OF MOTOR VEHICLE, LICENSING AND PERMITS
ADMINISTRATION
P. O. BOX 30300
HONOLULU, HAWAII 96820-0300
(808) 768-2540
<http://www.honolulu.gov>

RICK BLANGIARDI
MAYOR



KIMBERLY M. HASHIRO
ACTING DIRECTOR

MICHAEL H. YAGI
ASSISTANT PROGRAM
ADMINISTRATOR

ELECTRIC GUN LICENSEE (DEALER) APPLICATION

Date of Application: _____

Name of Applicant: _____

Name of Business: _____

Business Address: _____

Mailing Address: _____
(If different from the above listed business address)

Business Phone Number: _____ Email Address: _____

Type of Business: _____ Fax #: _____

Hawaii Tax ID#: _____ Federal Employer ID#: _____

Name of Corporation: _____

Type of Business Ownership:

_____ Sole Proprietorship

_____ Partnership (If partnership, list partners below)

_____ Corporation

_____ LLC

Applicant Name: _____

Page 2 of 4

The following information is required for all applicant(s). If the applicant is a business, complete the required information of the principal owners or members of the applying entity:

Legal Name: _____

Name (Previous, alias, nickname): _____

Date of Birth: _____ Last four of SS# XXX-XX-_____

Address: _____

Phone: _____ Fax: _____ Email: _____

Legal Name: _____

Name (Previous, alias, nickname): _____

Date of Birth: _____ Last four of SS# XXX-XX-_____

Address: _____

Phone: _____ Fax: _____ Email: _____

Legal Name: _____

Name (Previous, alias, nickname): _____

Date of Birth: _____ Last four of SS# XXX-XX-_____

Address: _____

Phone: _____ Fax: _____ Email: _____

Legal Name: _____

Name (Previous, alias, nickname): _____

Date of Birth: _____ Last four of SS# XXX-XX-_____

Address: _____

Phone: _____ Fax: _____ Email: _____

Applicant Name: _____

Page 3 of 4

If there is more than one business location, please list the addresses of all locations.

Name of Business: _____

Business Address: _____

Mailing Address: _____
(If different from the above listed business address)

Business Phone Number: _____ Email Address: _____

Type of Business: _____ Fax #: _____

Name of Business: _____

Business Address: _____

Mailing Address: _____
(If different from the above listed business address)

Business Phone Number: _____ Email Address: _____

Type of Business: _____ Fax #: _____

Name of Business: _____

Business Address: _____

Mailing Address: _____
(If different from the above listed business address)

Business Phone Number: _____ Email Address: _____

Type of Business: _____ Fax #: _____

ACKNOWLEDGEMENT OF RECEIPT

- A. I, the undersigned, hereby acknowledge receipt of the form, "Briefing Prior to the Sale of Electric Gun."
- B. I understand the usage of the form pursuant to Sections 134-81 through 134-90 of the Hawaii Revised Statutes.
- C. I also understand that the licensee shall be responsible for the legal sale, distribution, and proper storage of any electric gun and cartridges under the licensee's control or at any of the licensee's designated place of business, and its employees.

Please answer the questions below WRITING YOUR INITIALS on the line under "Yes" or "No".

Applying entity is registered to do business in the State of Hawaii? Yes No

Applying entity is composed of principal owners or members who have had no convictions for any felony offense?

Within the last three years, that at least one principal owner or member of the applying entity has completed an electric gun safety or training course that focuses on:

- Safe use and handling of electric guns;
- Current information about the effects, dangers, risks, and limitations of electric guns;
- Education on the existing state laws on electric guns.

Safety Training Course Name: _____

Instructor: _____ Date Training Conducted: _____

APPLICANT'S CERTIFICATION

I, _____, under penalty of perjury, do hereby certify that
(Print Name)
the foregoing information is true and correct.

Name of Applicant: _____

Signature: _____

Name of Business: _____

Date: _____ Time: _____